



Alliance Billing for Season Influenza Vaccine Effective 8/1/2014 through 6/30/2015 Medi-Cal

Child Health and Disability Prevention Program Providers

Children - 6 months through 18 years of age: Use Vaccine for Children (VFC) stock

For members linked to your practice, another PCP (no Referral needed), or administrative members:

Description	VFC	Age Range	Code	Modifier	Claim Form
Influenza Vaccine May also use code 53 for: Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.5 mL single-dose syringe) (IIV4) May also use code 53 for: Influenza Virus Vaccine, preservative free (0.5 mL) (IIV3)	Covered by VFC	6 months to 18 years of age	53		PM-160
Influenza Virus Vaccine, live, for intranasal use May also use code 71 for: Influenza Virus Vaccine, Quadrivalent, Live, For Intranasal Use (0.2 mL single use nasal spray) (LAIV4)	Covered by VFC	2 years to 18 years of age	71		PM-160
Influenza Virus Vaccine, Trivalent, Split Virus, for intramuscular use (Preservative Free) (0.25 mL) (IIV3)	Covered by VFC	6 months to 35 months	90655	SL	CMS-1500 or UB-04

Notes About VFC: Only children less than age 19 are eligible for the VFC program.

Per Medi-Cal Guidelines: "Medi-Cal vaccine injection codes billed for recipients eligible to receive VFC program vaccines will be reimbursed only in documented cases of vaccine shortage, disease epidemic, vaccine delivery problems, or instances when the recipient does not meet the special circumstances required for VFC special-order vaccines. A provider's non-enrollment in the VFC program is not a justified exception."

However, the Alliance will make an exception for non VFC providers. How to bill:

Do not bill the CPT code with the SL modifier

Document "non-VFC" in box 19 of the CMS claim form or box 80 of the UB-04 claim form

Send the claim to CCAH Attention: Sharlene Gianopoulos

Influenza (Inactivated) Preservative-Free	Purchased	6 months to 35 months	80		PM-160
Influenza (Inactivated)	Purchased	36 months to 18 years of age	54		PM-160

Adults 19 and over - CHDP Providers

Description	Age Range	Code	Modifier	Claim Form
Influenza Vaccine, Inactivated	19 years to 20 years	54		PM-160
Influenza Virus Vaccine, live, for intranasal use	19 years to 20 years	71		PM-160
Influenza Virus Vaccine, Split Virus, Preservative-Free, For Intradermal use (0.1 mL) (IIV3)	18 years to 64 years	90654		CMS-1500 or UB-04
Influenza Virus Vaccine, preservative free (0.5 mL) (IIV3)	19 years and older	90656		CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Split Virus, for intramuscular use (0.5 mL) (IIV3)	21 and older	90658		CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Live, For Intranasal use (0.5 mL) (IIV3)	21 years and older	90660		CMS-1500 or UB-04
Influenza Virus Vaccine, Split Virus, Preservative Free, Enhanced immunogenicity via increased antigen content, for intramuscular use (0.5 mL) (IIV3)	65 years and older	90662		CMS-1500 or UB-04
Influenza Virus Vaccine, Quadrivalent, Live, For Intranasal Use (0.2 mL single use nasal spray) (LAIV4)	19 years to 49 years	90672		CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.5 mL single-dose syringe) (IIV4)	19 years and older	90686		CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, for intramuscular use (5.0 mL multi-dose vial) (IIV4)	19 years and older	90688		CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Derived from recombinant DNA (RIV3) Hemagglutinin (HA) protein only, Preservative and antibiotic free, for intramuscular use 0.5mL (single-dose syringe) (RIV3)	<i>New for 2014/2015 flu season</i> 18 years to 49 years	90673		CMS-1500 or UB-04

For Rates Visit: <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>



Alliance Billing for Season Influenza Vaccine Effective 8/1/2014 through 6/30/2015

Medi-Cal Non Child Health and Disability Prevention Program Providers

Use SL modifier if using VFC stock

Children - 6 months through 18 years of age: Use VFC vaccine

For members linked to your practice, another PCP (no Referral needed), or administrative members:

Description	VFC	Age Range	Code	Modifier	Claim Form
Influenza Virus Vaccine, Trivalent, Split Virus, for intramuscular use (Preservative Free) (0.25 mL) (IIV3)	Covered by VFC	6 months to 35 months	90655	SL	CMS-1500 or UB-04
Influenza Virus Vaccine, preservative free (0.5 mL) (IIV3)	Covered by VFC	3 years to 18 years	90656	SL	CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Split Virus, for intramuscular use (0.5 mL) (IIV3)	Covered by VFC	6 months to 35 months	90657	SL	CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Split Virus, for intramuscular use (0.5 mL) (IIV3)	Covered by VFC	3 years to 18 years	90658	SL	CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Live, For Intranasal use (0.5 mL) (IIV3)	Covered by VFC	2 years to 18 years	90660	SL	CMS-1500 or UB-04
Influenza Virus Vaccine, Quadrivalent, Live, For Intranasal Use (0.2 mL single use nasal spray) (LAIV4)	Covered by VFC	2 years to 18 years	90672	SL	CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.5 mL single-dose syringe) (IIV4)	Covered by VFC	3 years to 18 years	90686	SL	CMS-1500 or UB-04

Notes About VFC: Only children less than age 19 are eligible for the VFC program.
Per Medi-Cal Guidelines: "Medi-Cal vaccine injection codes billed for recipients eligible to receive VFC program vaccines will be reimbursed only in documented cases of vaccine shortage, disease epidemic, vaccine delivery problems, or instances when the recipient does not meet the special circumstances required for VFC special-order vaccines. A provider's non-enrollment in the VFC program is not a justified exception."
Providers are encouraged to participate in the VFC program. The Alliance may make an exception for non VFC providers in extraordinary situations. How to bill:
Do not bill the CPT code with the SL modifier
Document "non-VFC" in box 19 of the CMS claim form or box 80 of the UB-04 claim form
Send the claim to CCAH Attention: Sharlene Gianopoulos

Adults 19 and over - Non CHDP Providers

Description	Age Range	Code	Modifier	Claim Form
Influenza Virus Vaccine, Split Virus, Preservative-Free, For Intradermal use (0.1 mL) (IIV3)	18 years to 64 years	90654		CMS-1500 or UB-04
Influenza Virus Vaccine, preservative free (0.5 mL) (IIV3)	19 years and older	90656		CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Split Virus, for intramuscular use (0.5 mL) (IIV3)	19 years and older	90658		CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Live, For Intranasal use (0.5 mL) (IIV3)	19 years -49 years	90660		CMS-1500 or UB-04
Influenza Virus Vaccine, Split Virus, Preservative Free, Enhanced immunogenicity via increased antigen content, for intramuscular use (0.5 mL) (IIV3)	65 years and over	90662		CMS-1500 or UB-04
Influenza Virus Vaccine, Quadrivalent, Live, For Intranasal Use (0.2 mL single use nasal spray) (LAIV4)	19 years to 49 years	90672		CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.5 mL single-dose syringe) (IIV4)	19 years and older	90686		CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, for intramuscular use (5.0 mL multi-dose vial) (IIV4)	19 years and older	90688		CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Derived from recombinant DNA (RIV3) Hemagglutinin (HA) protein only, Preservative and antibiotic free, for intramuscular use 0.5mL (single-dose syringe) (RIV3)	<i>New for 2014/2015 flu season</i> 18 years to 49 years	90673		CMS-1500 or UB-04

For Rates Visit: <http://files.medi-cal.ca.gov/pubdoco/rates/rateshome.asp>



Alliance Billing for Season Influenza Vaccine Effective 8/1/2014 through 6/30/2015 Healthy Kids

For members linked to your practice, another PCP (no Referral needed), or administrative members:

Description	Age Range	Code	Administration Code	Claim Form
Influenza Virus Vaccine, Split Virus, Preservative-Free, For Intradermal use (0.1 mL) (IIV3)	18 years to 64 years	90654	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Split Virus, for intramuscular use (Preservative Free) (0.25 mL) (IIV3)	6 months to 35 months	90655	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine, preservative free (0.5 mL) (IIV3)	3 years and older	90656	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Split Virus, for intramuscular use (0.5 mL) (IIV3)	6 months to 35 months	90657	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Live, For Intranasal use (0.5 mL) (IIV3)	2 years to 49 years	90660	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine, Quadrivalent, Live, For Intranasal Use (0.2 mL single use nasal spray) (LAIV4)	2 years to 49 years	90672	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.25 mL single-dose syringe) (IIV4)	6 months to 35 months	90685	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.5 mL single-dose syringe) (IIV4)	3 years and older	90686	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, for intramuscular use (5.0 mL multi-dose vial) (IIV4)	3 years and older	90688	G0008	CMS-1500 or UB-04
Influenza virus vaccine, split virus, for intramuscular use (5.0 mL multi dose vial) (IIV3) (Afluria)	3 years and older	Q2035	G0008	CMS-1500 or UB-04
Influenza virus vaccine, split virus, for intramuscular use (5.0 mL multi dose vial) (IIV3) (Flulaval)	3 years and older	Q2036	G0008	CMS-1500 or UB-04
Influenza virus vaccine, split virus, for intramuscular use (Fluvirin)	3 years and older	Q2037	G0008	CMS-1500 or UB-04
Influenza virus vaccine, split virus, for intramuscular use (Fluzone)	3 years and older	Q2038	G0008	CMS-1500 or UB-04

New for 2014/2015flu season

Influenza Virus Vaccine, Trivalent, Derived from recombinant DNA (RIV3) Hemagglutinin (HA) protein only, Preservative and antibiotic free, for intramuscular use 0.5mL (single-dose syringe) (RIV3)	18 years to 49 years	90673	G0008	CMS-1500 or UB-04
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Alliance Billing for Season Influenza Vaccine Effective 8/1/2014 through 6/30/2015 Medi-Cal Access Program- AIM

For members linked to your practice, another PCP (no Referral needed), or administrative members:

Description	Age Range	Code	Administration Code	Claim Form
Influenza Virus Vaccine, Split Virus, Preservative-Free, For Intradermal use (0.1 mL) (IIV3)	18 years to 64 years	90654	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine, preservative free (0.5 mL) (IIV3)	3 years and older	90656	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine, Trivalent, Live, For Intranasal use (0.5 mL) (IIV3)	2 years to 49 years	90660	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine, Split Virus, Preservative Free, Enhanced immunogenicity via increased antigen content, for intramuscular use (0.5 mL) (IIV3)	65 years and over	90662	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine, Quadrivalent, Live, For Intranasal Use (0.2 mL single use nasal spray) (LAIV4)	2 years to 49 years	90672	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.5 mL single-dose syringe) (IIV4)	3 years and older	90686	G0008	CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, for intramuscular use (5.0 mL multi-dose vial) (IIV4)	3 years and older	90688	G0008	CMS-1500 or UB-04
Influenza virus vaccine, split virus, for intramuscular use (5.0 mL multi dose vial) (IIV3) (Afluria)	3 years and older	Q2035	G0008	CMS-1500 or UB-04
Influenza virus vaccine, split virus, for intramuscular use (5.0 mL multi dose vial) (IIV3) (Flulaval)	3 years and older	Q2036	G0008	CMS-1500 or UB-04
Influenza virus vaccine, split virus, for intramuscular use (Fluvirin)	3 years and older	Q2037	G0008	CMS-1500 or UB-04
Influenza virus vaccine, split virus, for intramuscular use (Fluzone)	3 years and older	Q2038	G0008	CMS-1500 or UB-04

New for 2014/2015 flu season

Influenza Virus Vaccine, Trivalent, Derived from recombinant DNA (RIV3) Hemagglutinin (HA) protein only, Preservative and antibiotic free, for intramuscular use 0.5mL (single-dose syringe) (RIV3)	18 years to 49 years	90673	G0008	CMS-1500 or UB-04
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Prevention and Control of Seasonal Influenza with Vaccines Recommendations of the Advisory Committee on Immunization Practices — United States 2014/2015

Primary Changes and Updates in the Recommendations

Routine annual influenza vaccination of all persons aged ≥ 6 months continues to be recommended. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one product is otherwise appropriate. Updated information and guidance in this document include the following:

- 2014/2015 U.S. trivalent influenza vaccines will contain an A/California/7/2009 (H1N1)–like virus, an H3N2 virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011, and a B/Massachusetts/2/2012–like virus. Quadrivalent vaccines will include an additional vaccine virus strain, a B/Brisbane/60/2008–like virus.
- Several new, recently licensed vaccines will be available for the 2013–14 season and are acceptable alternatives to other licensed vaccines indicated for their respective age groups.

These vaccines include the following:

- A quadrivalent live attenuated influenza vaccine (LAIV4; Flumist Quadrivalent [MedImmune, Gaithersburg, Maryland]) is expected to replace the trivalent (LAIV3) formulation. FluMist Quadrivalent is indicated for healthy, non pregnant persons aged 2 through 49 years.
- A quadrivalent inactivated influenza vaccine (IIV4; Fluarix Quadrivalent [GlaxoSmithKline, Research Triangle Park, North Carolina]) will be available, in addition to the previous trivalent formulation. Fluarix Quadrivalent is indicated for persons aged ≥ 3 years.
- A quadrivalent inactivated influenza vaccine (IIV4; Fluzone Quadrivalent [Sanofi Pasteur, Swiftwater, Pennsylvania]) will be available, in addition to the previous trivalent formulation. Fluzone Quadrivalent is indicated for persons aged ≥ 6 months.
- A quadrivalent inactivated influenza vaccine (IIV4; FluLaval Quadrivalent [ID Biomedical Corporation/ GlaxoSmithKline]) will be available, in addition to the previous trivalent formulation. FluLaval Quadrivalent is indicated for persons aged ≥ 3 years.
- A trivalent cell culture-based inactivated influenza vaccine (ccIIV3; Flucelvax [Novartis Vaccines and Diagnostics, Cambridge, Massachusetts]) is indicated for persons aged ≥ 18 years.
- A recombinant hemagglutinin (HA) vaccine (RIV3; FluBlok [Protein Sciences, Meriden, Connecticut]) is indicated for persons aged 18 through 49 years.

RIV3, an egg-free vaccine, is now an option for vaccination of persons aged 18 through 49 years with egg allergy of any severity.

For persons with egg allergy who have no known history of egg exposure but for whom results suggestive of egg allergy have been obtained on previous allergy testing, consultation with a physician with expertise in the management of allergic conditions is recommended before vaccination.

<http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf>